



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name:	26th Represen	tative Demo	crate Committee
Account Number:		Date of this Report:	2-2-09
REPORTING PERIOD:	FROM: 3-20-08	TO: 1231-08	<i>!</i>
Check the box that applies to this	report:		
General Election C Other Election C	□ 8-DAY □ 30-D □ 8-DAY □ 30-D □ 8-DAY □ 30-D □ 8-DAY □ 30-D	AY AY	
Year End Report	Completed Activities (Termi	inate)	Temination Date: 1-09
	Finance and the election proce	ess in the State of Delaware. I u	rect. I agree to abide by all rules and understand that representatives from d on this report. 2-2-04 DATE
CANDIDATE SIGNATURE			DATE
			700101061201



STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT #:	an Lat	REPORTING PERIOD:	3_0-00	1-12-31-08
		7	REJUNTATO LEMOD.	FROM	TO
1.		G BALANCE t Balance from last reporting period)			\$12.00
2.	RECEIPTS	:			
	A.	SCHEDULE A – TOTAL RECEIPT	S		B 306.00
	В.	SCHEDULE C-1 – TOTAL IN-KIN	D (NON CASH) RECEIPTS		00
	C.	SCHEDULE D-1 – LOANS RECEIV	VED AND DEBTS INCURRED		
	D.	SCHEDULE E - INTER COMMIT	TEE (SHARED) EXPENSES RI	ECEIVED	
	E. SUE	BTOTAL (Total of A, B, C, D)			\$ 300.00
3.	EXPENDIT	TURES:			
	F.	SCHEDULE B - TOTAL EXPENDI	TURES		8292.00
	G.	SCHEDULE C-2 – TOTAL IN-KIN	D EXPENSES (IN KIND RECE	EIPTS USED)	
	H.	SCHEDULE D-2 – LOANS AND DE	EBTS OUTSTANDING		
	ı.	SCHEDULE E – INTER COMMIT	TEE (SHARED) EXPENSES PA	AID	
	J. SU	BTOTAL (Total of F, G, H, I)			\$ 292-00
4.	ENDING B.	ALANCE g Balance plus 2E, minus 3J)			\$ 8.00
5.	NON-CASH	ASSETS (IN KIND RECEIPTS NOT Y	ET USED (From Schedule F)		_ 00-0-0
6.	DISPOSITIO	ON OF LEFT OVER ASSETS (CLOSIN	NG COMMITTEE) (From Sche	dule G)	00-00
7.	LOANS AT	END OF PERIOD (Loan Balance from	Schedule D-2)		_00.00
8.	CLOSE OU	T BALANCE (Must equal zero if Com	nittee closed)		8.00



SCHEDULE A - TOTAL RECEIPTS

ACCT #:	-	REI	PORTING PERIOD:	7-20-08 FROM	12-31-00
over \$50. No	OTE: If you	\$100 for the reporting period. Receipts fr receive funds from the same person or or listed if the aggregate amount is over \$1	om sales of items must be itemized ganization several times during the	if they are reporting	10
RECEIPTS	IN EXCES	S OF \$100:			
Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
42.08	Casts	new Castle County			300-00
11		Dem Orgs			
			THE SUSSIES WELLS		
		THE REPORT OF THE PARTY OF THE			
		STREET, STREET			
	BFILL	THE REPORT OF THE PARTY OF THE	DESCRIPTION OF THE PERSON OF T		THE PARTY
	THE R.	ESTRUCTURE STATE OF THE STATE O	BULL SHEET SHEET		
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		THE REPORT OF THE PARTY OF THE		arian LEVEL Mal.	
				NUMBER OF STREET	
FOTAL PE	CEIDEG	LEVORGE OF 6100			
IUTAL RE	CEIPTS IN	EXCESS OF \$100			300-00
TOTAL RE	CEIPTS NO	OT IN EXCESS OF \$100			60.00
GRAND TO	OTAL REC	EIPTS			300.00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:		REPORTING PERIOD:			EDOM	TO
					FROM	TO
of the amount must be listed	nenditures over \$100 for the reportion NOTE: IF you expend funds to the if the aggregate amount is over \$100. TRES IN EXCESS OF \$100:	e same person or organization	on several times duri			
Date	Payee	Payee		Reason	Aggregate	Amount
Expended	Name	Mailing Add	iress	Code	Amount	Expended
4-08	Charges on	Rank			\$ 15,00	9 1200
11-3-01	Ross Ann Jones	100 K711650001	nd. Poll 519	2995	8 2000	\$ 20.00
11-4-08	Rose Ann Topes	locking swar	ded Newall	1 4250	9 40.00	\$ 40,00
11-4-08	Tood,	106 KIRGSWOOD	of Rd Newal		B100,00	\$100.00
11-4-08	Pen tablels	11/1/25	11 11		\$ 30.00	\$ 20.00
H488	Helperspolls	1/11	11 11	Pod IS	8 50.00	8 20.15
11-4-08	Helper Checker	11 11	7/ //	CHECKED	\$ 30.00	\$50.00
				0.	562+10	
					Rest Platen	
						LP II VELLEY III
TOTAL EXP	ENDITURES IN EXCESS OF \$	100				242,00
TOTAL EXP	ENDITURES NOT IN EXCESS	OF \$100				90.00
GRAND TO	TAL EXPENDITURES					292.00

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)